

**VERMILION TOWNSHIP ZONING PERMIT APPLICATION**

**PROJECT ADDRESS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State?Zip: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State?Zip: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State?Zip: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Cost of Project:** \_\_\_\_\_ **Square Footage** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Location on Property:** Front Setback- \_\_\_\_\_ feet from the property line to the structure.

Left Setback- \_\_\_\_\_ feet from the property line to the structure.

Right Setback- \_\_\_\_\_ feet from the property line to the structure.

Left Setback- \_\_\_\_\_ feet from the property line to the structure.

Use of the Proposed Building or Structure: \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

Site plans are required for all projects. Site plans shall show the locations of all existing buildings, driveways, septic system, and the location of the proposed structure with dimensions and distances to lot lines and all other buildings on the same lot.

\*All permits shall expire after one year from the date of issuance. Permits may be revoked if work has not begun within 1 year or if the work is not substantially complete within 2 ½ years.

\*All permits are issued on the basis the information provided is accurate and true. Permits may be revoked if the information provided is found to be incorrect.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above signed hereby certifies that the information provided is accurate.

Vermilion Township Office: 1907 State Rd., Vermilion, OH 44089 Phone: 440-967-3251  
Building/Zoning Administrator: [zoning@vermiliontownship.com](mailto:zoning@vermiliontownship.com) Phone: 440-967-3251  
Website: [www.vermiliontownship.com](http://www.vermiliontownship.com)